

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024563

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

3487

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 5 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

KANSAS CITY

Length of stay in 1b

50 YEARS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

RESEARCH HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

JACKSON

c. CITY
OR
TOWN

KANSAS CITY

Inside Limits
Yes ☒ No ☐d. STREET
ADDRESS

1309 E. ARMOUR Blvd.

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

BURDETTA

First

M.

Last

RICHARDSON

4. DATE
OF
DEATH

Month

JUNE

Day

20

Year

1963

5. SEX

FEMALE

6. COLOR OR RACE

CAUCASIAN

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

4-12-73

9. AGE (last birthday)

90

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PRACTICAL NURSE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Butler, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

CLARK VERMILION

13b. MOTHER'S MAIDEN NAME

MARION

14. NAME OF HUSBAND OR WIFE

BAKER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

HAROLD RICHARDSON

(Yes, no, or unknown) (If yes, give war or dates of service)
NO NO NE

16. SOCIAL SECURITY NO.

MISS HELEN HARTWELL

17. INFORMANT

1307 E. ARMOUR Blvd.

Address

K.C., Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Terminal Broncho-Pneumonia
Resection of Carcinoma of Sigmoid Colon
with near complete obstruction - 6-1-63
Cardiac Disease with Aneurysmal Pericarditis
Fetal noted by x-ray of intestinal obstruction
about 6-1-63.INTERVAL BETWEEN
ONSET AND DEATH

2 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
cause of deathPART III. If deceased was female who
there a pregnancy in last 90 days☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from
Death occurred

6-1-63

9:15 P.m.

to 6-7-63

and last saw her
live on

6-7-63

22a. SIGNATURE

Carl R. Ferris

(Degree or title)

MD

22b. ADDRESS

6400 Prospect Ave
Kansas City 32, Mo

22c. DATE SIGNED

6-21-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

BURIAL

23b. DATE

JUNE 22, 1963

23c. NAME OF CEMETERY OR CREMATORY

MOUND CITY CEMETERY

23d. LOCATION (City, town, or county)

MOUND CITY

(State)

KANS.

24. FUNERAL DIRECTOR

D.W. NEWCOMER'S SONS

ADDRESS

1331 Brush Creek
K.C., Mo.

25. DATE RECD. BY LOCAL REG.

6-21-63

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

BY AFFIDAVIT OF

DOCUMENT

Carl R. Ferris MEDICAL CERTIFICATION

RE 2

0-42

Student _____

Signed

P: O. Address

If this body is not embalmed, fact should be so stated above.